

# Director of Organization Officer and Employee Report

## U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 438, 440.

Form approved - OMB No. 1215-0188  
Expires 11-30-2002

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1. Name and address of person filing  Thomas Schuermann 5738 Wintrop Cincinnati, OH 45224		2. Name and address of labor organization  Teamsters Local Union #661 7374 Reading Road Suite #129 Cincinnati, OH 45237	
3. Position in labor organization Trustee	4. Date fiscal year ended 1998, 1999, 2000	5. File number (if assigned) U-1803	

After appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

Name of Employer n/a	Address of Employer
Nature of Interest, Transaction or income n/a	

Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

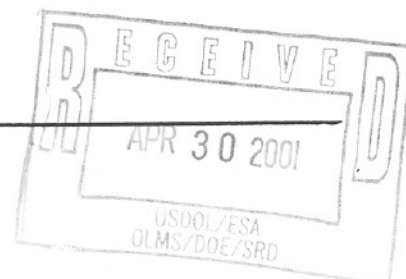
6. Name of business n/a	Address of business
9. Business deals with— n/a <input checked="" type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	10. If 9B or 9C is checked give trust or employer's name n/a

1. Nature and approximate dollar value of such dealings

n/a

2. Nature of interest held or income received

n/a



3. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer <input checked="" type="checkbox"/> or consultant <input type="checkbox"/> American Income Life Insurance Co. PO Box 2608 Waco, TX 76797	14. Nature of payment **see attached** American Income Life Insurance Co. (AILI) provided, at no additional cost, an accidental death benefit of \$10,000 to the individual listed above while traveling in any conveyance on official Union business.
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IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Thomas Schuermann CINCINNATI OHIO on 21 DEC 00  
City State Date

Form LM-30 (Rev. 1986)

U-1803

No. 14 Nature of Payment

American Income Life Insurance Co. (AILI) provided, at no additional cost, an accidental death benefit of \$10,000 to the individual listed above while traveling in any conveyance on official Union business. The approximate market value of this additional benefit was \$3.00 per year. No claim was ever made on this additional benefit.

